



Centers for Disease  
Control and Prevention  
National Center for Immunization  
and Respiratory Diseases

# Enhanced Pertussis Surveillance Case Report Form

A Component of the Emerging Infections Program Network

## DEMOGRAPHICS

<b>1 State ID</b> _____	<b>3 Status: Is the Form Complete?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No	<b>4 State</b> <input type="text"/> <input type="text"/>	<b>5 Zip Code</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>6 Sex</b> <input type="checkbox"/> 1: Male <input type="checkbox"/> 2: Female <input type="checkbox"/> 9: Unknown	<b>7 Birth Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
<b>2 County</b> _____					
<b>8 Age</b> <input type="text"/> <input type="text"/> <input type="text"/> Range: 0–120 999: Unknown	<b>9 Age Type</b> <input type="checkbox"/> 1: 0–120 Years <input type="checkbox"/> 2: 0–11 Months <input type="checkbox"/> 3: 0–52 Weeks <input type="checkbox"/> 4: 0–28 Days <input type="checkbox"/> 9: Unknown	<b>10 Race</b> (check all that apply) <input type="checkbox"/> Native Amer./Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Unknown	<b>11 Ethnicity</b> <input type="checkbox"/> 1: Hispanic <input type="checkbox"/> 2: Not Hispanic <input type="checkbox"/> 9: Unknown	<b>12 Event Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	

<b>13 Event Type</b> <input type="checkbox"/> 1: Onset Date <input type="checkbox"/> 2: Diagnosis Date <input type="checkbox"/> 3: Lab Test Done <input type="checkbox"/> 4: Reported to County <input type="checkbox"/> 5: Reported to State or MMWR Report Date <input type="checkbox"/> 9: Unknown	<b>14 Date Reported to CDC</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>15 Report Status</b> <input type="checkbox"/> 1: Confirmed <input type="checkbox"/> 2: Probable <input type="checkbox"/> 3: Suspect <input type="checkbox"/> 9: Unknown	<b>16 Final BORDETELLA Species</b> Identified by Laboratory Test for Pertussis: <input type="checkbox"/> 1: Pertussis <input type="checkbox"/> 2: Parapertussis <input type="checkbox"/> 3: Holmesii <input type="checkbox"/> 4: Bronchiseptica
---	---	--	--

## CLINICAL DATA

<b>17 Any Cough?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>18 Cough Onset Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>19 Paroxysmal Cough?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>20 Whoop?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>21 Posttussive Vomiting?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown
--	---	---	--	---

<b>22 Apnea?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>23 Number of Physician Visits</b> <input type="text"/> <input type="text"/> Range: 0–98 Visits 99: Unknown	<b>24 Cough at Final Interview?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>25 Duration of Cough at Final Interview</b> <input type="text"/> <input type="text"/> <input type="text"/> Range: 0–150 Days 999: Unknown	<b>26 Final Interview Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
--	--	---	---	---

## COMPLICATIONS

<b>27 X-Ray for Pneumonia?</b> <input type="checkbox"/> 1: Positive <input type="checkbox"/> 2: Negative <input type="checkbox"/> 3: Not Done <input type="checkbox"/> 9: Unknown	<b>28 Seizures?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>29 Acute Encephalopathy?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>30 Died?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>31 Date of Death</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
---	---	---	---	--

<b>32 Hospitalized?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>33 Days Hospitalized</b> <input type="text"/> <input type="text"/> <input type="text"/> Range: 0–998 Days 999: Unknown	<b>34 Admission Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>35 Discharge Date</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
---	--	---	---

## TREATMENT

<b>36 Antibiotics Given?</b> <input type="checkbox"/> 1: Yes <input type="checkbox"/> 2: No <input type="checkbox"/> 9: Unknown	<b>37 1<sup>st</sup> Antibiotic Received</b> <input type="checkbox"/> 1: Erythromycin <input type="checkbox"/> 2: Clarithromycin/Azithromycin <input type="checkbox"/> 3: Tetracycline/Doxycycline <input type="checkbox"/> 4: Cotrimoxazole <input type="checkbox"/> 5: Amoxicillin/Penicillin/Ampicillin/Augmentin/Cefclor/Cefixime <input type="checkbox"/> 6: Other <input type="checkbox"/> 9: Unknown	<b>38 Date 1<sup>st</sup> Antibiotic Started</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>39 Days 1<sup>st</sup> Antibiotic Actually Taken</b> <input type="text"/> <input type="text"/> Range: 0–98 Days 99: Unknown
--	--	---	---

<b>40 2<sup>nd</sup> Antibiotic Received</b> <input type="checkbox"/> 1: Erythromycin <input type="checkbox"/> 2: Clarithromycin/Azithromycin <input type="checkbox"/> 3: Tetracycline/Doxycycline <input type="checkbox"/> 4: Cotrimoxazole <input type="checkbox"/> 5: Amoxicillin/Penicillin/Ampicillin/Augmentin/Cefclor/Cefixime <input type="checkbox"/> 6: Other <input type="checkbox"/> 9: Unknown	<b>41 Date 2<sup>nd</sup> Antibiotic Started</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<b>42 Days 2<sup>nd</sup> Antibiotic Actually Taken</b> <input type="text"/> <input type="text"/> Range: 0–98 Days 99: Unknown
--	---	---

## LABORATORY

### 43 Was Laboratory Testing for Pertussis Done?

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 44

Culture  
 PCR  
 Serology 1  
 Serology 2  
 DFA

### Result

☐  
☐  
☐  
☐  
☐

### Date Specimen Collected

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

### Result Codes

- 1: Positive  
 2: Negative  
 3: Not Done  
 4: Pending  
 5: Parapertussis  
 6: Indeterminate  
 7: Bronchiseptica  
 8: Holmesii  
 9: Unknown

### 45 Co-infection with Other Bordetella Species?

- ☐ 1: No Known Co-infection  
☐ 2: B. parapertussis  
☐ 3: B. bronchiseptica  
☐ 4: B. holmesii

## VACCINE HISTORY

### 46 Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 47 Number of Documented Doses of Pertussis-Containing Vaccine Received?

- ☐ Range: 0-6 Doses  
☐ 9: Unknown

### 48

	Vaccination Date			Vaccine Type*	Vaccine Manufacturer†	Lot Number
	Month	Day	Year			
Dose 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### \* Vaccine Type Codes

- 1: DTP  
 2: DTaP  
 3: DTaP-Hib  
 4: DT or Td  
 5: DTP-Hib  
 6: Pertussis Only  
 7: Tdap  
 8: DTaP-IPV-Hep B  
 9: DTaP-IPV-Hib  
 10: DTaP-IPV  
 11: Other  
 12: DTP-Hib-HepB  
 99: Unknown

### † Vaccine Manufacturer Codes

- 1: Sanofi Pasteur  
 2: Wyeth  
 3: GlaxoSmithKline  
 4: Mass. Health Dept.  
 5: Michigan Health Dept.  
 6: North American Vaccine  
 7: Other  
 9: Unknown

### 49 Reason for Inadequate Vaccination Coverage

- ☐ 1: Religious Exemption  
☐ 2: Medical Contraindication  
☐ 3: Philosophical Exemption  
☐ 4: Previous Culture/MD Confirmed Pertussis  
☐ 5: Parental Refusal  
☐ 6: Age <7 months  
☐ 7: Forgot  
☐ 8: Inconvenience  
☐ 9: Too Expensive  
☐ 10: Concurrent Illness  
☐ 11: Other  
☐ 99: Unknown

## EPIDEMIOLOGIC INFORMATION

### 50 Date First Reported to a Health Department

Month Day Year

### 51 Pregnancy Status at Cough Onset:

- ☐ 1: Pregnant  
☐ 2: Postpartum  
☐ 3: Neither  
☐ 9: Unknown

### 52 Date Case Investigation Started

Month Day Year

### 53 Outbreak Related?

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 54 Epi-Linked?

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 55 Employed at or Attend Daycare?

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 56 Employed at or Attend School?

- ☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 57 Number of Contacts Recommended Antibiotics

- Range: 0-998  
 999: Unknown

### 58 Transmission Setting (Where did this case acquire pertussis?)

- ☐ 1: Daycare  
☐ 2: School  
☐ 3: Doctor's Office  
☐ 4: Hospital Ward  
☐ 5: Hospital ER  
☐ 6: Hosp. Outpatient Clinic  
☐ 7: Home  
☐ 8: Work  
☐ 9: Unknown  
☐ 10: College  
☐ 11: Military  
☐ 12: Correctional Facility  
☐ 13: Place of Worship  
☐ 14: International Travel  
☐ 15: Other

### 59 Setting (outside household) of Further Documented Spread

- ☐ Use same codes as for Transmission Settings, except:  
☐ 7: >1 Setting Outside Household  
☐ 16: No Documented Spread

### 60 Suspected Source of Infection

- (if case < 1 year, is another person with suspected pertussis known?)  
☐ 1: Yes  
☐ 2: No  
☐ 9: Unknown

### 61 Source's Relationship To Case (if patient < 12 months old)

- ☐ 1: Mother  
☐ 2: Father  
☐ 3: Sister  
☐ 4: Brother  
☐ 5: Neighbor  
☐ 6: Daycare  
☐ 7: Grandparent  
☐ 8: Friend  
☐ 9: Baby Sitter  
☐ 10: Other  
☐ 99: Unknown

### 62 Source's Age (if patient < 12 months old)

- Range: 0-120 Years  
 999: Unknown

### 63 Number of Residents in Case Household(s)

- Range: 0-98  
 99: Unknown

### 64 Weight of Infant at Birth (if patient < 12 months old)

\_\_\_\_ LB \_\_\_\_ OZ or \_\_\_\_ KG \_\_\_\_ G

### 65 Mother's Age at Infant Birth (if patient < 12 months old)

- Range: 0-120 Years  
 999: Unknown

## MATERNAL TDAP INFORMATION

### 66 Have you ever been vaccinated with Tdap?

- ☐ 1: Yes  
☐ 2: No  
☐ 3: Mom not available for interview  
☐ 9: Unknown

### 67

#### Tdap Vaccination Dates

	Month		Day		Year	
Dose 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### If Date Unknown,

##### Check Box

##### Date Source\*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### \* Date Source Codes

- 1: Medical Provider  
 2: Immunization Registry  
 3: Verbal Report (shot card)  
 4: Verbal Report (non-verified)

### 68 Were you vaccinated with Tdap during your pregnancy with [case infant]?

- ☐ 1: Yes  
☐ 2: No  
☐ 3: Mom not available for interview  
☐ 4: Infant adopted or in foster care  
☐ 9: Unknown

### 69 If you were vaccinated with Tdap during your pregnancy with [case infant], during which trimester were you vaccinated?

- ☐ 1: 1<sup>st</sup> Trimester (1-12 weeks)  
☐ 2: 2<sup>nd</sup> Trimester (13-27 weeks)  
☐ 3: 3<sup>rd</sup> Trimester (28-42 weeks)  
☐ 4: Not vaccinated during pregnancy with [case infant]  
☐ 9: Unknown

### 70 If you were not vaccinated during your pregnancy with [case infant], why not? (check all that apply)

- ☐ Mom does not recall physician offering Tdap during pregnancy with [case infant]  
☐ Mom declined Tdap during pregnancy with [case infant]  
☐ Mom was vaccinated following pregnancy with [case infant]  
☐ Mom was vaccinated prior to pregnancy with [case infant]  
☐ Other, specify: \_\_\_\_\_  
☐ Unknown